City of Blue Lake Parks & Recreation
2013 Spring Break Youth Camp

REGISTRATION FORM

NAME OF CHILD:_____ **AGE:**_____

PARENT/GUARDIAN:_____

MAILING ADDRESS:_____ **CITY:**_____ **ZIP:**_____

PRIMARY PHONE:_____ **OTHER PHONE:**_____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Blue Lake Break Camp. Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending the Blue Lake Break Camp, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Blue Lake Break Camp, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN:_____ **DATE:**_____

PROGRAM INFORMATION

General Information: Blue Lake Break Camp is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on arts and crafts, fun games, sports and skating.

Program Days/Hours: Blue Lake Break Camp is offered Monday-Friday, April 1-5 , from 9:00 am- 5:00 pm. Extended care is available from 8:00 am- 9:00 am and from 5:00 pm- 5:30 pm daily.

Program Fees: Blue Lake Break Camp offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 1:00 pm or 1:00 pm- 5:00 pm.

Registration Option	Non-Resident Fee	Discounted Resident Fee
Weekly Full Day	$102	$85
Weekly Half Day	$62	$51
Daily Full Day	$24.00	$20.00
Daily Half Day	$15.00	$12.00
Extended Care AM & PM Daily	$5.00	$4.00

PROGRAM REGISTRATION

Monday, April 1   ☐ Half Day ☐ Full Day **Extended Care:** ☐ AM ☐ PM

Tuesday, April 2   ☐ Half Day ☐ Full Day **Extended Care:** ☐ AM ☐ PM

Wednesday, April 3   ☐ Half Day ☐ Full Day **Extended Care:** ☐ AM ☐ PM

Thursday, April 4   ☐ Half Day ☐ Full Day **Extended Care:** ☐ AM ☐ PM

Friday, April 5   ☐ Half Day ☐ Full Day **Extended Care:** ☐ AM ☐ PM

ADDITIONAL INFORMATION

Will you or someone you designate be picking up your child at the end of their camp session? ☐ Yes ☐ No

If yes, please list all persons allowed to pick up your child below, including yourself:

Name:_____ Contact Phone:_____

Name:_____ Contact Phone:_____

Name:_____ Contact Phone:_____

Name:_____ Contact Phone:_____

Name:_____ Contact Phone:_____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.

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For Office Use Only

Registration Fees: Paid $_____Date Paid:_____ Check Number(s)_____(If cash, write "cash")